DEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION REE	Application or Docket Number 09358748
CLAIMS AS FILED - PART I (Column 1) (Column 2)	SMALL ENTITY OTHER THAN

<u> </u>													
CLAIMS AS		S FILED - PART ((Column 1)		(Column 2)			SMALL ENTITY TYPE		OR SMALL				
TOTAL CLAIMS							ſ	RATE	FEE	1	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		ZA.		BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS		nir	minus 20=		<u> </u>			X\$ 9=	1. ~	OR	X\$18=		
INDEPENDENT CLAIMS		minus 3 =		•			Ī	X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT				<u> </u>			+140=	·	OR	+280=	'		
* If the difference in column 1 is less than zero, enter "0" in column 2							2	L	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						_	SMALL	ENTITY	OR	OTHER SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESI			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	. 5	Minus	/	<u>')</u>			L	X\$ 9=		OR	X\$18=	
AME	Independent	+ h	Minus	SENDEN	_3	= -	\dashv		X42=		OR	X84=	_
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								I	+140=.	•	OR	+280=	
						L	TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE			
S/S/SE (Column 1) (Column 2) (Column 3)							nn 3)	^	DUII. PEE (,	ADUII. PEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESI	ENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	• 5	Minus	-2	0	-			X\$ 9=	•	OR	X\$18=	
AME	Independent	NTATION OF MI	Minus	ENDENT	Z CLAIM	-	┯┪	· [X42=	-	OR	X84=	
						 	لــــا	I	+140=		OR	+280=	
	•				•			A	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESI EXTE			RATE _.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• .	Minus	**		=		Γ	X\$ 9=		OR	X\$18=	•
	Independent	•	Minus	ns:		•		t	X42=		OR	X84=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM			f	+140=		OR	+280=	-
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 8/01)